

COUNTY OF LOS ANGELES

INFORMATION SHEET

Please Read Carefully

Department of Human Resources

24-Hour Job Information Hotlines:

Open Competitive: (800) 970-5478

Transfers/Promotional Opportunities: (213) 974-8335

TTY: (800) 899-4099

<http://hr.co.la.ca.us>

1. COMPLETING YOUR APPLICATION:

- THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.
- Your SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- To receive CREDIT FOR COLLEGE WORK, include a copy of your diploma, transcript, certificate, or license as directed on the bulletin.

2. MINIMUM OR SELECTION REQUIREMENTS are listed in the examination announcement.

- YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- You must be at least 16 years of age at the time of appointment unless other age limits are stated on the bulletin. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.
- Your experience may be paid or unpaid unless the bulletin states otherwise. Report it as "volunteer" or "unpaid" in the box for monthly salary. Experience is evaluated on the basis of a verifiable 40-hour week.

3. APPLICATION DEADLINE:

- If the bulletin has a closing date, submit the application and all required information to the office listed on the bulletin by the specified deadline. POSTMARKS WILL NOT BE ACCEPTED. **LATE APPLICATIONS WILL BE DENIED.**
- Applications for positions designated "Apply In Person" must be filed in person at the address given. Filing may be closed without notice.

4. PROMOTIONAL EXAMINATIONS:

- Please list separately the PAYROLL TITLE for each job. Do not group your experience. If more space is needed, attach additional sheet(s) to your application. Specify the beginning and ending dates for each job. If you have been promoted, do NOT list all of your time with the County under your present payroll title.
- Some of your experience may have been in a position in which such work is not typically performed. This experience will not be considered unless it is verified in writing by your department's Personnel Office. A signed original Verification of Experience letter must be filed with your application or submitted by the last day for filing if not, it will not be accepted.
- Permanent employees who have COMPLETED THEIR INITIAL PROBATIONARY PERIOD AND HOLD A QUALIFYING PAYROLL TITLE may file for promotional standard examinations if they are within six months of meeting the experience requirements by the last day of filing (not applicable for open continuous exams).

5. VETERAN'S CREDIT of 10 points will be added to your passing grade in any open competitive examination if you are:

- An honorably discharged veteran who served in the armed forces of the United States during any of the following periods: December 7, 1941 to August 14, 1945; June 25, 1950 to January 31, 1955; January 1, 1964 to May 7, 1975; August 2, 1990 to April 12, 1991.
- The spouse of such veteran who while engaged in such service was wounded or disabled and thereby permanently prevented from engaging in any paid employment or the spouse of any such person who died or was killed while in such service.

6. CHANGE OF NAME OR ADDRESS should be reported in writing immediately to the department to which you submitted your application. Include your Social Security Number, former name and/or address, as well as your new name and/or address and the title(s) and number(s) of the examination(s) for which you have applied.

7. EQUAL EMPLOYMENT OPPORTUNITY NON-DISCRIMINATION POLICY:

- It is the policy of the County of Los Angeles to provide equal employment opportunity for all qualified persons, regardless of race, color, religion, gender, national origin, age, sexual orientation or disability.
- If you require material in an ALTERNATE FORMAT or are an individual requesting a REASONABLE ACCOMMODATION(S) in the examination process for a physical or mental disability, please CONTACT THE AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR LISTED ON THE EXAMINATION BULLETIN. The provision of reasonable accommodation may be subject to verification of disability as allowable with State and Federal law. All disability-related information will remain confidential.

8. RECORD OF CONVICTIONS: A full disclosure by you is to your advantage and your record does not constitute an automatic bar from employment. Factors such as age at the time of offense(s), and recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. **ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.**

List all convictions. **Attach an additional sheet if necessary.**

NAME (Please Print) Last		First		M.I.	
OTHER NAMES USED					
SOCIAL SECURITY NUMBER			DATE OF BIRTH	Month	Day Year
OFFENSE or CASE NAME (Give Penal or other code section if known)					CASE NUMBER
CONVICTION/ORDER DATE	Month	Day	Year	LOCATION OF COURT	City State
SENTENCE or FINE					

CERTIFICATION: I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize the County to determine my qualifications for employment. I release the County and my former employers from any liability for damages which may result from such investigation. If, upon investigation, anything contained in this application is found to be untrue, I understand I may be subject to dismissal at any time during the period of employment.

Date: _____ Signature: _____

Exam Number: _____ Exam Title: _____



County of Los Angeles

EMPLOYMENT APPLICATION

Department of Human Resources

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1a. EXAM NUMBER		1b. EXAMINATION TITLE		OFFICIAL USE ONLY		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED	
2. SOCIAL SECURITY NUMBER (needed for record control purposes)				Analyst		Date	
3. NAME Last First M.I.							
OTHER NAMES USED IN EMPLOYMENT Last First M.I.							
4. ADDRESS Number Street Apt. #							
City State Zip							
5a. HOME PHONE ()							
5c. E-MAIL ADDRESS				Veteran's Credit		Withhold Date	
6. Please check all areas in which you would accept employment. You will be considered only for areas checked.							
A. <input type="checkbox"/> Civic Center – Downtown L.A. D. <input type="checkbox"/> So. & So. West L.A. G. <input type="checkbox"/> Northridge - Burbank I. <input type="checkbox"/> San Fernando – Santa Clarita							
B. <input type="checkbox"/> LAC+USC Medical Center – East L.A. E. <input type="checkbox"/> Hollywood - Miracle Mile H. <input type="checkbox"/> W. San Gabriel Valley K. <input type="checkbox"/> Palmdale - Lancaster							
C. <input type="checkbox"/> South County F. <input type="checkbox"/> Malibu-Santa Monica I. <input type="checkbox"/> Pomona Valley L. <input type="checkbox"/> Willowbrook - Watts - Florence							
M. <input type="checkbox"/> ANY AREA							
7. Indicate the type of appointment you will accept: A. <input type="checkbox"/> Full-time Permanent B. <input type="checkbox"/> Temporary C. <input type="checkbox"/> Recurrent or As Needed (40 hours per week)							
8. Shifts you are willing to work: A. <input type="checkbox"/> Day B. <input type="checkbox"/> Evening C. <input type="checkbox"/> Night D. <input type="checkbox"/> Rotating E. <input type="checkbox"/> On Call F. <input type="checkbox"/> Weekend G. <input type="checkbox"/> Seasonal H. <input type="checkbox"/> Any							
9. How did you learn about this position? Please provide the name of your source: _____ A. <input type="checkbox"/> Ad B. <input type="checkbox"/> County Employee C. <input type="checkbox"/> County Bulletin Board D. <input type="checkbox"/> Campus Recruitment E. <input type="checkbox"/> Library F. <input type="checkbox"/> Job Fair G. <input type="checkbox"/> Internet H. <input type="checkbox"/> Job Hotline I. <input type="checkbox"/> Other							
10. Have you ever been a County of Los Angeles employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please complete the following information.							
Employee Number		Payroll Title		Item Number		Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Recurrent	
Department				Department Number			
11. Do you know any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," indicate language(s): A. _____ B. _____ C. _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write							
12. If a license or certificate (including Bilingual Certificate) is required for this job, list those you possess and provide dates of expiration.							
License or Certificate		Number		Date Issued		Expiration Date	
13. To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either statement (a) or (b) describe your status as a resident of this country? <input type="checkbox"/> YES <input type="checkbox"/> NO							
14. Do you claim Veteran's Credit? (Veteran's Credit is applicable to open competitive examinations only) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," attach a copy of your DD214.							
15. Have you ever been fired or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination.)							
16. Have you ever been convicted of a misdemeanor or felony by a criminal or military court? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," please complete the Record of Convictions section on the above "Information Sheet.")							

CERTIFICATION OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Date _____ Signature _____

Last

First

Middle

EDUCATION: High School Graduate? ☐ YES ☐ NO If “NO,” number of years completed in High School ____ GED Certificate ☐ YES ☐ NO
Show courses you have completed that are required and others directly related to the job for which you are applying. In order to receive CREDIT FOR COLLEGE WORK, be sure to include a copy of your diploma, transcript, or certificate unless otherwise directed by the job bulletin.

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEMESTER	QUARTER			
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					

REQUIRED OR RELATED COURSES: (Attach an additional sheet if necessary to list all courses completed)

SCHOOL	COURSE NAME	UNITS	SCHOOL	COURSE NAME	UNITS

WORK EXPERIENCE: Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Please list separately the PAYROLL TITLE of each job in which you have been employed. Describe the work you did as completely as possible and list each job separately. If you need additional space to describe your duties, you may attach a resume or additional documents to further describe your qualifications unless otherwise directed by the job bulletin. All of the requested information MUST be completed.

PRESENT/LAST EMPLOYER or COUNTY DEPARTMENT							PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER’S ADDRESS							DUTIES															
CITY/STATE																						
FROM						TO								TOTAL MOS. WORKED								
Month		Day		Year		Month		Day		Year												
HOURS PER WEEK			SALARY														REASON FOR LEAVING			Are you employed by this company now? <input type="checkbox"/> YES <input type="checkbox"/> NO If “YES,” may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>																			

EMPLOYER or COUNTY DEPARTMENT							PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER’S ADDRESS							DUTIES															
CITY/STATE																						
FROM						TO								TOTAL MOS. WORKED								
Month		Day		Year		Month		Day		Year												
HOURS PER WEEK			SALARY														REASON FOR LEAVING					
			HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>																			

EMPLOYER or COUNTY DEPARTMENT							PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER’S ADDRESS							DUTIES															
CITY/STATE																						
FROM						TO								TOTAL MOS. WORKED								
Month		Day		Year		Month		Day		Year												
HOURS PER WEEK			SALARY														REASON FOR LEAVING					
			HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>																			

EMPLOYER or COUNTY DEPARTMENT							PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER’S ADDRESS							DUTIES															
CITY/STATE																						
FROM						TO								TOTAL MOS. WORKED								
Month		Day		Year		Month		Day		Year												
HOURS PER WEEK			SALARY														REASON FOR LEAVING					
			HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>																			

COUNTY OF LOS ANGELES
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Exam Number: _____ Exam Title: _____
The following voluntary information is requested for the County of Los Angeles to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will **NOT** be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity.				B. Gender	
<div style="display: flex; justify-content: space-between;"><div>1. <input type="checkbox"/> White</div><div>3. <input type="checkbox"/> Black/African American <small>(not of Hispanic origin)</small></div><div>5. <input type="checkbox"/> Hispanic/Latino <small>(Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)</small></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>6. <input type="checkbox"/> American Indian <small>(subject to verification)</small></div><div>7. <input type="checkbox"/> Asian or Pacific Islander <small>(excluding Filipino)</small></div><div>8. <input type="checkbox"/> Filipino</div></div>				<div><input type="checkbox"/> Female</div> <div style="margin-top: 10px;"><input type="checkbox"/> Male</div>	
<div style="display: flex; justify-content: space-between;"><div>DATE OF BIRTH</div><div>Month Day Year</div></div>				<div style="display: flex; justify-content: space-between;"><div>NAME</div><div>Last First M.I.</div></div>	